

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110743

Insp Area: 3
Thos Bros: 297E7

Site Address: 2333 CASTRO WY SAC
Parcel No: 010-0346-012

Sub-Type: NGAR
Housing (Y/N): N

CONTRACTOR

OWNER

ORRIN ANDERSON
2333 CASTRO WY
SACRAMENTO CA 95818

ARCHITECT

Nature of Work: REVISION TO AN ACTIVE # 0001965 / NEW GARAGE AND GAME ROOM

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date 9/25/01 Owner Signature [Signature]

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9/25/01 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith obtain those provisions.

Date 9/25/01 Applicant Signature [Signature]

PAID
CITY OF SACRAMENTO
SEP 26 2001
PLANNING AND DEVELOPMENT SERVICES

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- ① I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
- ② I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
_____	_____	_____	_____
_____	_____	_____	_____

Signed

Ed M. Anderson

Job Address

2333 Castro Way

Permit No:

0110743

OWNER-BUILDER VERIFICATION

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1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name W/A Address _____
City _____ Telephone _____
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name N/A Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
<u>Teichert Const</u>	<u>8811 Keiter Blvd</u>	<u>386-6800</u>	<u>Foundation</u>
<u>Bedin Const</u>			<u>Framing</u>

Signed [Signature]

Job Address 2333 Castro Way Sacramento CA 95818

Permit No: 0001965R

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed [Signature]

Job Address 2333 CASTRO Way SACRAMENTO CA 95818

Permit No: _____

PERMIT SUMMARY DOCUMENT

**Bldg Residential Permit
READY**

PC BIN #:

Address: **2333 CASTRO WY SAC** Date Issued: Area: **3**

Permit #: **0001965** Thomas Bros: 299F5 682

Location:

APN: 010-0346-012

Owner: **MOORE ROBERT I/SALLY A
805 ROYAL GARDEN
SACRAMENTO CA
95831**

Contractor:

Phone:

Phone:

JOB DESCRIPTION: NEW GARAGE AND REC ROOM

DBA:

Occupancy: **UR3**

Change of Use:

Zoning: **??**

Const Type:

Sub-Type: **AGAR**

DR:

Fire Sprinkler?:

Activity Code: **N1**

Fed Code: **12**

Flood Zone: **AR**

Cert Req'd: **Y**

Balance: **\$407.76**

VALUATION: **\$11,693.51** Sq. Ft: **563**

Reg San: **\$0.00**

School Fees Req'd: **Y or N**

BLDG Y

MECH Y

PLBG Y

ELEC Y

SITE

FIRE N

RESIDENTIAL STRUCTURAL

Cycle 1

EXP

EXP

Cycle 2

Cycle 3

Cycle 4

CONDITIONS:

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Anderson, Orrin M./Pegirae		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2333 Castro Way		Company NAIC Number
CITY Sacramento	STATE CA	ZIP CODE 95818
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 010-0346-012		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Garage/Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

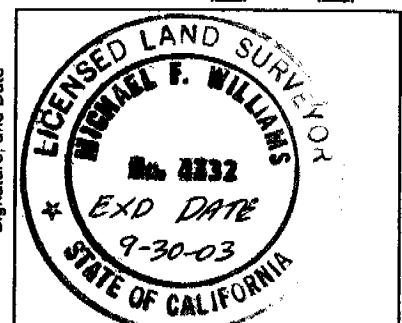
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Sacramento 060266		B2. COUNTY NAME Sacramento		B3. STATE CA	
B4. MAP AND PANEL NUMBER 060266 0015	B5. SUFFIX F	B6. FIRM INDEX DATE 7-6-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-6-98	B8. FLOOD ZONE(S) AR	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 24.0

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum City of Sac Conversion/Comments City of Sacramento = NGVD 1929
Elevation reference mark used 297 - E7D Does the elevation reference mark used appear on the FIRM? Yes No
- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>21.87</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>N/A</u> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>N/A</u> ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | _____ ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>N/A</u> ft.(m) |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>18.7</u> ft.(m) |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | <u>18.87</u> ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | <u>N/A</u> |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | <u>N/A</u> sq. in. (sq. cm) |

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Michael F. Williams	LICENSE NUMBER LS 4732
TITLE Land Surveyor	COMPANY NAME Baker-Williams Engineering Group
ADDRESS 6020 Rutland Dr. Suite 19	CITY Carmichael
SIGNATURE <i>Michael F. Williams</i>	STATE CA
	ZIP CODE 95608
	TELEPHONE (916) 331-4336